PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (pri	Fee(s) papers have it I hereb States address transmi IVENTOR ACHETTO T OF INFLA	Transmittal. This certificate is town certificate of mails over certificate of mails over certificate of the certificate of the certificate over certificate ov	cate cannot be used for such as an assignment ing or transmission. of Mailing or Transmittal is being circuit postage for first SSUE FEE address:) 273-2885, on the day NEY DOCKET NO. -0103P DISEASE	r domestic mailings of the or any other accompanying not or formal drawing; must mission deposited with the United t class mail in an envelope above, or being facsimile are indicated below. (Depositor's name) (Signature) (Date) CONFIRMATION NO. 6789
BIRCH STEWART KOLASCH & BIRCH , LLP PO BOX 747 FALLS CHURCH, VA 22040-0747 APPLICATION NO. FILING DATE FIRST NAMED INV. 09/508,661 05/26/2000 JEAN-PIERRE SA TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION FOR THE TREATMENT APPLN. TYPE SMALL ENTITY ISSUE PEE DUE PUBLICATION FE nonprovisional NO \$1440 \$0 EXAMINER ART UNIT CLASS-SUBCL GEORGE, KONATA M 1616 424-464000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (pri	ACHETTO T OF INFLA EE DUE PI	ATTOR 3 9 2 C AMMATORY BOWEL	Transmittal is being icient postage for first SSUE FEE address:) 273-2885, on the da NEY DOCKET NO.) - 0 1 0 3 P DISEASE TOTAL FEE(S) DUE	deposited with the United to class mail in an envelope above, or being facsimile ato indicated below. (Depositors name) (Signature) (Date) CONFIRMATION NO.
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear o recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for fi (A) NAME OF ASSIGNEE (B) RESIDENCE	alternatively of a single firmey or ager atent attorner will be prin int or type) on the paten filing an assi	irm (having as a member nt) and the names of up- rys or agents. If no name inted.	to 2 Kolase to is 3	ch & Birch, I
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Authorized Signature			ry 3, 2008	*****
Typed or printed name _ James W. Hellwege		Registration No. 28		
his collection of information is required by 37 CFR 1.311. The information is required to obtour application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection about the completed application form to the USPTO. Time will vary depending upon the formation and/or suggestions for reducing this burden, should be sent to the Chief Information of 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FOR lexandria, Virginia 22313-1450. Index the Paperwork Reduction Act of 1995, no persons are required to respond to a collection.	tain or retain on is estima he individus n Officer. L			